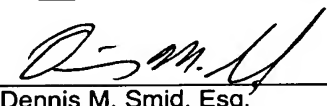
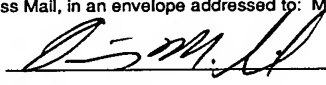
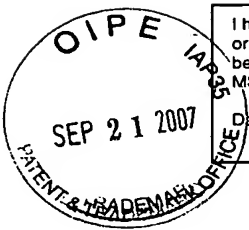


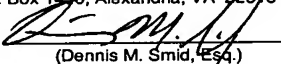


Handwritten initials: *ASPD/37*

AMENDMENT TRANSMITTAL LETTER				After Final Rejection																																											
Application No. 10/088,148		Filing Date June 24, 2002		Examiner T. Teslovich																																											
				Group Art Unit 2137																																											
Applicant(s): Kiyokazu Ikeda				Docket No. SONYJP 3.3-796																																											
Invention: SERVICE PROVIDING SYSTEM																																															
<p align="center"><b>TO THE COMMISSIONER FOR PATENTS</b></p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>12</td><td>- 20 =</td><td>0</td><td>x 50.00</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>5</td><td>- 7 =</td><td>0</td><td>x 200.00</td><td>0.00</td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify):</td><td></td></tr><tr><td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td><td>0.00</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input checked="" type="checkbox"/> No additional fee is required for this amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p> <p> Dennis M. Smid, Esq. Attorney Reg. No. 34,930</p> <p align="right">Dated: <u>September 18, 2007</u></p> <p>LERNER, DAVID, LITTENBERG, KRUMHOLZ &amp; MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6374</p> <div><p>I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p>Dated: September 18, 2007      Signature:  (Dennis M. Smid, Esq.)</p></div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	12	- 20 =	0	x 50.00	0.00	Independent Claims	5	- 7 =	0	x 200.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
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Dated: September 18, 2007 Signature: 

(Dennis M. Smid, Esq.)

**EXPEDITED PROCEDURE**

Group Art Unit: 2137

Docket No.: SONYJP 3.3-796

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: :  
: Kiyokazu Ikeda :  
: Application No.: 10/088,148 : Group Art Unit: 2137  
: :  
: Filed: June 24, 2002 : Examiner: T. Teslovich  
: :  
: For: SERVICE PROVIDING SYSTEM :  
:

AMENDMENT UNDER 37 CFR 1.116

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 18, 2007, finally rejecting claims 1, 2, 5, 9-17, please amend the above-identified U.S. patent application as follows: